

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 FEB 27 P2:51

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

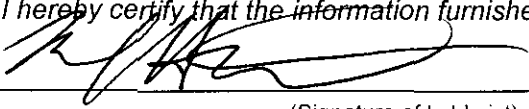
STATE OF HAWAII
STATE ETHICS COMMISSION


(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
YAMASHITA	RUSSEL	HIROSHI	524-5200
MAILING ADDRESS (Street)			FAX 524-4639
2733 EAST MANOA ROAD			EMAIL rhyamashita@hotmail.com
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96822	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII DENTAL ASSOCIATION			593-7956
MAILING ADDRESS (Street)			FAX 593-7656
1345 SOUTH BERETANIA STREET			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LOREN LIEBLING			593-7956
MAILING ADDRESS (Street)			FAX 593-7636
1345 S. BERETANIA ST. S.301			EMAIL loren@hawaiidental association.net
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	2/22/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
LOREN LIEBLING	EXECUTIVE DIRECTOR
NAME OF ORGANIZATION (if applicable)	TELEPHONE
HAWAII DENTAL ASSOCIATION	593-7956
MAILING ADDRESS (Street)	FAX
1345 S. BERETANIA ST.	593-7636
(City)	EMAIL
HONOLULU	hda@hawaiidental
(State)	(Zip Code)
HI	96814
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	2/25/13
(Signature of Authorizing Officer or Person Represented)	(Date)